Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A

Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_\_\_\_ Iowa

Method for Determining Cost Effectiveness of Caring for Certain Disabled Children At Home

Not applicable

\*Agency that determines eligibility for coverage.

TN No. MS-91-46

Supersedes Approval Date JAN 2 2 1002 Effective Date NOV 0 1 1921

TN No. None HCFA ID: 7983E